

# Access to Clinical and Community Maternal, Neonatal and Women's Health Services Program

## ACCESS/TANZANIA Program

### YEAR THREE WORKPLAN FOR HIV/PEPFAR, CHILD SURVIVAL & PRESIDENTIAL MALARIA INITIATIVE (PMI) FUNDING

(January 31, 2007)

1 October 2006 – 30 September 2007

Submitted to:  
United States Agency for International Development  
under Cooperative Agreement #GHS-A-00-04-00002-00

Submitted by:  
JHPIEGO in collaboration with  
Save the Children  
Constella Futures  
Academy for Educational Development  
American College of Nurse-Midwives  
Interchurch Medical Assistance



**USAID**  
FROM THE AMERICAN PEOPLE

**access**

Access to clinical and community  
maternal, neonatal and women's health services

## TABLE OF CONTENTS

Part I:	Introduction to the ACCESS Global Program
Part II:	The ACCESS-Tanzania Program
Part III:	CS/PMI Workplan 2007
Part IV:	CS/PMI M&E Plan 2007
Part V:	CS Budget Summary 2007
Part VI:	PMI Budget Summary 2007

## **Part I: Introduction to the ACCESS Global Program**

The ACCESS Program is a 5-year Leader with Associates cooperative agreement sponsored by the [U.S. Agency for International Development](#) (USAID). This global program aims to improve the health of mothers and their newborns through the use of key maternal and newborn health (MNH) services. The ACCESS Program is implemented by JHPIEGO in partnership with Save the Children, Constella Futures, the Academy for Educational Development, the American College of Nurse-Midwives, and Interchurch Medical Assistance.

ACCESS works with USAID missions, governments, nongovernmental organizations (NGOs), local communities, and partner agencies in more than 20 developing countries worldwide to achieve sustainable improvements in MNH and survival. ACCESS seeks to achieve large-scale advances by expanding coverage, access and use of maternal and newborn health services and through improving household health behaviors and practices.

ACCESS is realizing this vision through:

- Developing strategies and programs that integrate evidence-based maternal and newborn care into existing health delivery systems
- Assisting in the development and implementation of policies designed to create an enabling environment to improve maternal and neonatal health
- Bringing maternal and newborn health services closer to households and communities
- Addressing operational barriers that prevent families from seeking care

In addition, when working with national governments and USAID missions, ACCESS strives to (a) improve the implementation of health programs catalyzing systemic change to improve maternal and newborn health and assure that these services reach poor and marginalized populations and involve women and men as full partners; (b) refine and replicate evidence-based, cost-effective community- and facility-based interventions or approaches that have proven successful on a small scale, but have yet to be adopted by other programs or partners; and (c) bring together constituents, partners, and champions from among policymakers, private-sector entities, civil society organizations, and community leaders to increase commitment and resources so that maternal and newborn health figures more prominently in national health plans and programs and there is a favorable environment conducive to and supportive of maternal and newborn health at local, national and international levels.

## Part II: The ACCESS/Tanzania Program

<b>Country/Bureau: Tanzania</b>
<b>ACCESS Field Representative:</b> Emmanuel Rwamushaija, Country Director
<b>US-based ACCESS Contact Person:</b> Natalie Kuszmerski, Program Officer
<b>Ministry of Health and Social Welfare Partners:</b> Reproductive and Child Health Section, National Malaria Control Program, National AIDS Control Program, Human Resources Directorate Department, Health Services Inspectorate Unit
<b>Other Collaborating Organizations:</b> White Ribbon Alliance, Christian Social Service Commission and other Tanzanian Faith-Based Organizations delivering ANC/MIP services

According to the most recent DHS survey, maternal and newborn health remains a critical public health concern in Tanzania with a maternal mortality ratio of 578/100,000 and an infant mortality rate of 68/1,000 live births (2005 DHS). Infectious disease, including malaria and HIV, play a major role in contributing to these statistics. In 2003, there were over 10 million reported cases of malaria in Tanzania and every year, an estimated 1.7 million pregnant women suffer from malaria. It has been shown that malaria in pregnancy is linked with anemia in pregnancy, as well as a host of adverse pregnancy outcomes such as spontaneous abortion, low birth weight, and neonatal death. In addition, approximately 20% of maternal deaths in Tanzania are linked to malaria. Finally, the current HIV prevalence rate for adults in Tanzania is 7% according to the most recent HIV/AIDS Indicator Survey (2003-04).

Tanzania, like many other developing countries, has high numbers of pregnant women taking advantage of antenatal care services; over 94% make two or more visits during their pregnancy (2005 DHS). Despite high attendance at ANC visits, the numbers of pregnant women receiving the recommended 2 doses of SP remains low. In addition, in a 2004 DHS, only 10% of pregnant women had reported sleeping under an ITN the night before the survey. Thus, antenatal care visits are an ideal strategy for MIP interventions, such as the administration of IPT, counseling on ITNs, and recognition and treatment of malaria cases. Strengthening the quality of antenatal care reduces the risks for maternal and perinatal mortality among women and their babies in Tanzania.

To date, ACCESS/Tanzania has been working closely with the Ministry of Health to strengthen a number of national maternal health interventions, in particular assisting in the roll out of the National Package of Essential Reproductive and Child Health Interventions (NPERCHI), which includes Focused Antenatal Care. Focused Antenatal Care (FANC) is a WHO-supported strategy of antenatal care that emphasizes quality over quantity of visits. FANC relies on evidence-based, goal-directed interventions that are appropriate to the gestational age of the pregnancy and the environment surrounding the pregnant woman. In malaria endemic countries such as Tanzania, interventions include the prevention, detection, and treatment of malaria. Prevention includes the use of IPT through the directly-observed treatment (DOT) of pregnant women with SP, as well as counseling about the use of ITNs. Another key intervention is the testing and treatment for syphilis during pregnancy along with counseling for prevention of other STIs. In addition, this leads to a link with counseling and testing for HIV for all pregnant women and subsequent enrollment in PMTCT services. Finally, FANC also highlights infection prevention measures that should be taken in all service provision facilities, and especially those that are pertinent to antenatal care services. All

these elements come together on the platform of antenatal care to provide evidence-based interventions that save the lives of women and their newborns.

Over the past two years, the main focus of ACCESS activities in Tanzania have been supporting the MOHSW to institute the national policy of providing all pregnant women with Focused ANC services. ACCESS has supported the MOHSW to use a cascading approach to develop trainers who can effectively disseminate knowledge and skills in FANC to other in-service providers. In Year 2004/5 training was targeted to providers working in facilities where PMTCT training was occurring, but in Year 2005/6 the implementation strategy shifted to ensure complete coverage of each region entered. Furthermore, ACCESS in collaboration with the MOHSW updated trainers from ten districts in the Arusha and Manyara Regions on FANC at the request of CEDHA and RCHS. In a complementary program, ACCESS has been working with pre-service educational programs (both nurse-midwifery schools and their affiliated clinical sites) to institute FANC as part of the curricula so that new midwives emerge with these essential skills for addressing MIP. Training at both levels, in-service and pre-service, has been followed up on an ongoing basis using a standards-based quality assurance/ANC quality improvement approach. In addition, at the request of the MOH/RCHS, ACCESS supported the development of a standardized guide on training for FANC. To increase coordination among efforts to address malaria in Tanzania, ACCESS also worked with CEEMI (Center for Enhancement of Effective Malaria Interventions) last year, providing technical assistance to CEEMI's objective of developing District-level Malaria/IMCI Focal Persons. Specifically in the area of Infection Prevention, ACCESS has assisted the MOHSW to develop national guidelines for Infection Prevention. Finally, ACCESS both supports and houses the Tanzania chapter of the White Ribbon Alliance which was created in 2004.

## **Part III: CS/PMI Workplan for 2007**

### **Background:**

Having worked in partnership with the Ministry of Health and Social Welfare (MOHSW) of Tanzania for the past two years on developing and implementing Focused Antenatal Care (FANC) as a best practice, ACCESS is in a unique position to assist the MOHSW and USAID in meeting their objectives of addressing malaria prevention and control and have significant impact on malaria in pregnancy.

### **Achievements to date:**

The list below gives specific achievements under each activity ACCESS has been engaged in since fiscal year 2004:

#### ***Training of in-service providers to address Malaria in Pregnancy through FANC***

- Comprehensive coverage of all districts in four regions with training of FANC/MIP trainers (Morogoro, Pwani, Kagera, and Dar es Salaam regions), plus 24 scattered facilities from Year 2004/5. Two ANC service providers from each hospital in the district along with the District Reproductive and Child Health Coordinator (D-RCH Coor.) were updated to the FANC/MIP content as well as developed as trainers. A total of 21 districts in the four regions mentioned above have at least four FANC/MIP trainers. These trainers have trained providers in their own facilities as well as from selected surrounding facilities targeting all hospitals, all health centers and selected dispensaries in each district.
- A total of 90 FANC/MIP trainers have been developed to implement the cascade approach to training of ANC providers on FANC/MIP
- Currently, 364 Reproductive Health providers out of approximately 6000 nationally have been updated by ACCESS in IPT/ITN/FANC skills

#### ***Training for pre-service diploma level nurse-midwifery schools to address Malaria in Pregnancy through FANC***

- 25 certificate-level schools—50 tutors and 50 clinical preceptors—updated programs to include FANC (100% coverage)
- 15 diploma, advanced diploma and degree schools have been introduced to FANC (50% coverage) with 26 Midwifery tutors and 33 Clinical Preceptors updated in FANC.
- Developed FANC curriculum draft for learning resource package for diploma and higher schools

#### ***Implementation of a standards-based ANC quality improvement approach for performance and quality improvement of FANC to address Malaria in Pregnancy***

- Facilitated baseline assessments in 64 facilities and conducted follow-up assessments in 15 facilities which showed improvements in quality care

#### ***Technical Assistance to CEEMI in the training of District Malaria/IMCI Focal Persons (DMIFPs)***

- Supported CEEMI to organize a 10-day workshop for CEEMI trainers to improve their training skills for application in training of District Malaria/IMCI Focal Persons (DMIFPs)
- Supported CEEMI in conducting a performance assessment of the DMIFPs and to recognize gaps for improving training
- Supported CEEMI to organize instructional design workshop for CEEMI trainers to develop the Malaria in Pregnancy portion of the DMIFP training curriculum

### ***Support to the White Ribbon Alliance for Safe Motherhood***

- Supported WRA activities to develop advocacy package on human resources
- White Ribbon Day for mobilizing stakeholders and national community to address Safe Motherhood

### **Limitations**

While ACCESS and the MOHSW have been able to achieve much success over the last two years, there are still a number of barriers that may cause delays in full scale up of FANC. Examples of these barriers include the shortage of skilled providers in Tanzania and the lack of adequate ANC equipment and supplies at some health facilities. Both of these challenges hinder implementation of the service standards according to national guidelines. Additionally, there was limited initial involvement of some technical groups in the program approach, such as gynecologists, which resulted in inadequate support to the focused ANC approach. Over the course of the program period (until 2009), the MOHSW and ACCESS will retain a certain degree of flexibility in their programming in order to address these and other barriers to implementation as they arise.

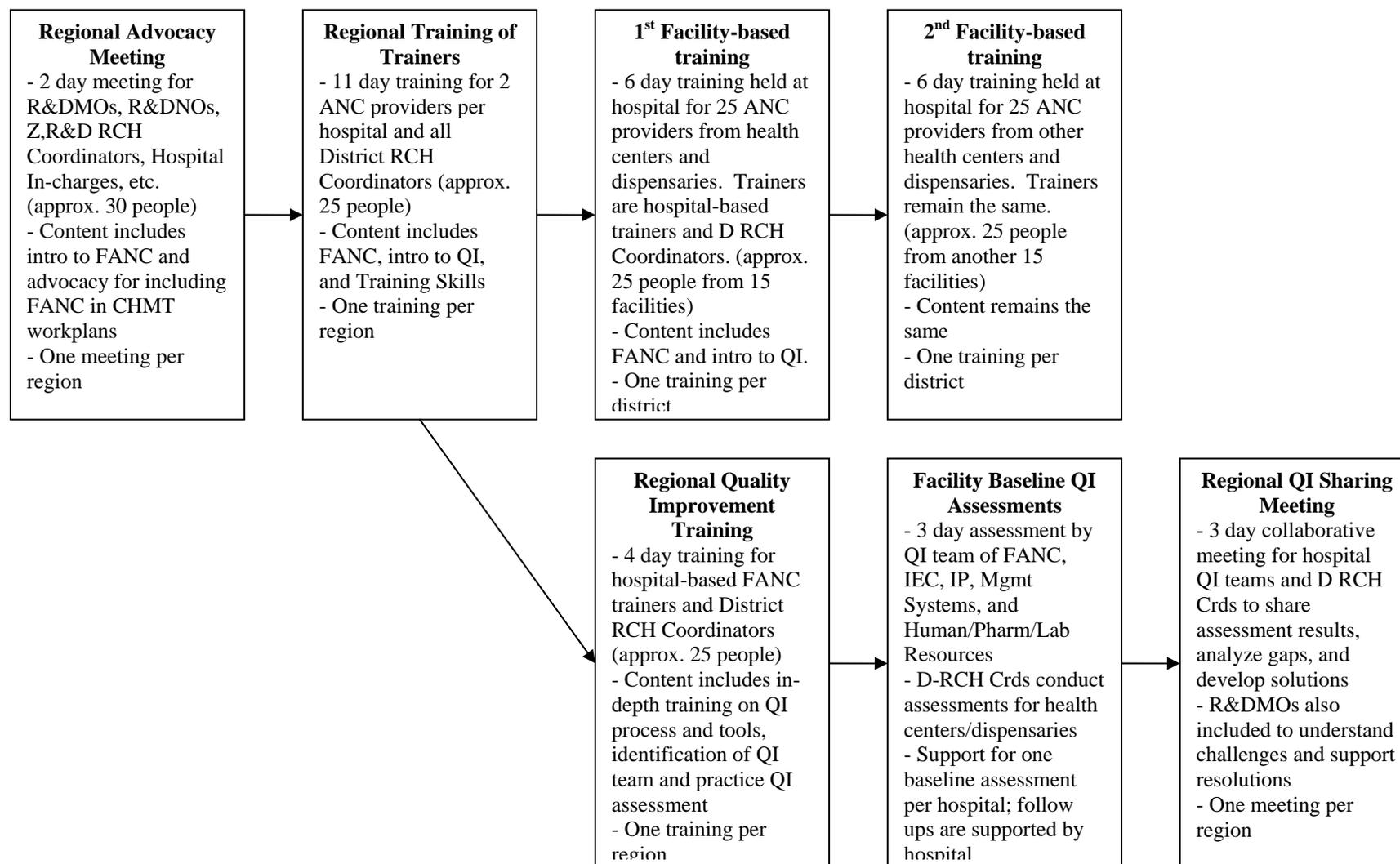
### **Summary of Planned Activities for Program Year 2006/7:**

With an increase of about 50% in funding this year, ACCESS is supporting the MOHSW to implement a strategy to comprehensively scale-up interventions to improve the quality of antenatal care services with a major focus on the prevention and control of malaria in pregnancy. The ultimate objective, over the next three years, is to achieve national coverage. Consistent with PMI and the MOHSW's Mid-Term Strategic Plan goals, ACCESS and the MOHSW expect Tanzania to achieve increased utilization of FANC services nationally, including 85% uptake of IPT in ACCESS-supported facilities by 2009.

The MOHSW in partnership with ACCESS has developed a comprehensive plan to address Malaria in Pregnancy in the area of service delivery in public and private sites including FBOs. Providers will be targeted with training on the correct administration of IPT with SP through FANC training and continuous supportive supervision. In addition, pre-service midwifery institutions will be strengthened to effectively integrate FANC into their educational curricula and clinical practice. Finally, ACCESS will continue to partner with the White Ribbon Alliance to advocate for change at a policy level for Safe Motherhood and support the WRA in their activities bringing national awareness to issues such as malaria in pregnancy.

The figure below depicts the process of training in-service providers in FANC, providing follow up and supervision and improving the quality of services delivered.

## FANC Training and Quality Improvement Process



**Year 2006/7 Planned Outputs:**

- All Zonal and Regional RCHS Coordinators oriented to the FANC Training Package and the FANC Facilitator's Guide
- About 300 existing FANC trainers will receive updates in FANC clinical and teaching skills
- At least 15 Zonal and Regional RCHS Coordinators and FANC trainers affiliated with FBO developed as Supervisors for FANC
- Regional Medical Officer, District Medical Officers, Regional Nursing Officers, District Nursing Officers, Hospital Medical Officer-in-Charge, Matrons, District Malaria and IMCI Focal Persons, District Planning Officers, District Pharmacist, Zonal MSD Coordinator and other stakeholders from 9 regions oriented on FANC/MIP and the ANC quality improvement approach. These will include Arusha, Manyara, Iringa and Ruvuma representatives for CEDHA, PHCI ZTCs
- At least 168 FANC trainers will be developed from 42 districts in 7 regions (see table below)
- At least 1,350 ANC providers will be updated in FANC by qualified FANC trainers (see table below)
- FANC trainers for 4 regions (approximately 100 providers) will be trained on the ANC Quality Assurance process
- Baseline assessments in ANC Quality Assurance will be completed in at least 45 hospitals from 4 regions
- Action plans and solutions to be developed through ANC quality improvement process based on gaps identified during quarterly assessments and meetings held for at least 60 facilities from Years 2004/5 and 2005/6
- Development of ANC quality improvement database for the facilities to record quarterly assessment results and service statistics
- Development of quality improvement tools for assessing and improving quality of pre-service teaching
- At least 40 pre-service tutors, Zonal Training Center representatives and national representatives oriented on quality improvement tools for pre-service teaching
- All Medical Officer In-charges/hospital matrons and principals of diploma, advanced diploma and degree nurse-midwifery schools oriented to methods of strengthening clinical and classroom linkages in pre-service education for conducive learning environments
- 30 pre-service tutors and 30 clinical preceptors for diploma and higher level institutions trained in FANC
- 60 pre-service tutors and 30 clinical preceptors for diploma and higher level institutions provided with updated classroom teaching skills and or clinical instruction and coaching skills
- Situational report on stock outs of SP and other essential ANC supplies based on quarterly facility data including a list of recommendations and strategies for addressing identified gaps
- Advocacy meetings in 6 districts with White Ribbon Alliance Core Committee members and CHMTs on human resources
- National White Ribbon Day event

### Number of Providers trained in FANC by Program Year

Type of provider	PY ending 9/30/06	PY ending 9/30/07	PY ending 9/30/08	PY ending 9/30/09	Totals
FANC Trainers (~5 per district)	90	185	205	105	<b>585</b>
FANC providers (~50 per district)	201	1,350	2,075	1,500	<b>5,126</b>
Nurse-Midwifery tutors	26	30	N/A	N/A	<b>56</b>
Nurse-Midwifery Clinical Preceptors	33	30	N/A	N/A	<b>63</b>
Others	17 (CEEMI instructors)	29 (Zon & Reg RCH Coordinators); 300 current FANC trainers*	N/A	N/A	<b>46</b>
<b>TOTAL</b>	<b>367</b>	<b>1,624</b>	<b>2,280</b>	<b>1,605</b>	<b>5,876</b>

\* In Program Year ending 9/30/07, ACCESS will also update the current 300 FANC trainers in the system.

ACCESS expects that many of these persons overlap with those trainers and providers being targeted and therefore, has not included them in the total for Year 2006/07.

\*\* Please note that these numbers are **only** for persons trained in FANC. ACCESS will also be training providers in quality improvement for ANC and training pre-service tutors in quality improvement for teaching in maternal and child health.

### Program Management:

ACCESS/Tanzania has been steadily growing over the past two years. Year 2006/7 is the largest program to be implemented to date. In order to address the needs of this program, ACCESS will continue to expand its staff and operations. In 2005/6, ACCESS outgrew its office space and moved to a new, larger building. In addition, to supplement the vehicle donated by USAID, ACCESS purchased a second vehicle to assist in transporting staff and materials out to the field. The vehicles have been very useful in reducing overall transport costs and time spent traveling to implementation sites.

For Year 2006/7, ACCESS has developed a staffing plan to address the significant increase in activities to be implemented in order to achieve our objectives. This staffing plan relies heavily on joint planning and joint implementation of activities with RCHS, NMCP, HSIU, HRDD and NACP. ACCESS proposes filling the following positions: Midwifery Advisors, Faith-based Coordinator, Monitoring & Evaluation Officer, Data Collection and Evaluation Specialist, 2 Finance Officers, and Driver. The Midwifery Advisors will work with the MOHSW at all levels including CHMTs in planning and managing all training and follow-up quality improvement activities for in-service FANC/MIP services. In addition, they will support other activities such as the pre-service or other clinical training work, as needed. The Faith-based Coordinator will be hired by IMA, one of the ACCESS partners, but will sit with the rest of the ACCESS staff in the JHPIEGO office. The Faith-based Coordinator will be responsible for all activities dealing with faith-based organizations and networks, and will also ensure that the ACCESS IPT/ITN/FANC

activities are reaching FBO facilities as planned. The Faith-based Coordinator will also lead activities directly related to leveraging FBO networks for increased awareness regarding Malaria in Pregnancy. The Monitoring & Evaluation Officer will be based at the MOHSW but will be supported by ACCESS. Serving both the NMCP and the RCHS data reporting needs, the Monitoring and Evaluation Officer will offer technical assistance to both sections on monitoring FANC training and service activities as well as serve as a daily link between the MOHSW and the ACCESS Tanzania office. The Data Collection and Evaluation Specialist will lead all ACCESS-specific data collection to facilitate quarterly reporting to USAID for PMI. The Data Specialist will also have oversight on the current Training database and will collect and analyze information on quality improvement assessments from participating facilities. ACCESS has identified the need for two additional Finance Officers to provide accounting assistance to the current Finance Manager. Due to the large number of trainings and activities that will be occurring simultaneously, additional financial staff is needed to ensure adequate accounting. Finally, ACCESS plans to acquire one additional vehicle this year and will need to hire a Driver, accordingly.

Finally, the number of trainings needed to effectively scale up Focused ANC in Year 2006/7 is a major undertaking. In discussions with the MOHSW, it was agreed that ACCESS will closely collaborate with Zonal, Regional and District RCH Coordinators and other national FANC trainers, who will serve as point persons for FANC training within their geographic areas. Other key partners in training will be the Zonal and Regional CSSC (Christian Social Services Commission) trainers and staff at the Zonal Training Centers (ZTCs).

---

### **ACTIVITY 1: BUILDING NATIONAL CAPACITY FOR FANC/MIP TRAINING, INCLUDING IPT AND PROMOTION OF ITNS**

This activity is the continuation of efforts to bring current service providers throughout the country up-to-date on providing Focused ANC services to all pregnant clients including IPT, promotion on the use of ITNs, testing and treatment for syphilis in pregnancy, infection prevention, and creating a link to PMTCT.

Recent changes and new evidence on malaria in pregnancy have led the MOHSW with ACCESS support to revise and update its current FANC/MIP Orientation Package which will be used in all FANC/MIP training. Since the bulk of the revision work took place in Year 2005/6, the revised package will be printed and made available for use by December 2006. Utilizing the updated FANC/MIP package and other materials, ACCESS will support the MOHSW to begin Year 2006/7 by building partnerships. More specifically, to organize coordination and advocacy meetings with representatives from the MOHSW –NMCP, RCHS, ZTCs, Local Government at District level as well as CSSC at varying levels and ACCESS. The coordination meetings lead by the MOHSW will bring together all FANC/MIP scaling up partners who will complement each other in achieving a national program.

Training and supervision of antenatal care are part of the Zonal, Regional and District RCH Coordinators scope of work hence the MOHSW/ACCESS partnership will work with these key personnel to update their knowledge and skills on FANC/MIP content and develop their training skills, qualifying them to lead further FANC training. In addition, there are currently

approximately 300 FANC trainers in need of updates given the revised guidelines. With the list of these trainers provided by the MOHSW/RCHS, ACCESS and MOHSW will work collaboratively to ensure that all of these trainers are updated as well. Finally, understanding that approximately 48% of healthcare facilities in Tanzania are operated by faith-based organizations, MOHSW/ACCESS will partner with largest of the faith-based networks, the Christian Social Services Commission (CSSC) and other Tanzanian Faith-Based Organizations delivering ANC/MIP services in order to reach as many ANC clinics as possible. The number of FBO facilities reached in 2006/7 will be determined in collaboration with CHMTs and local FBO networks. Representatives from FBO networks identified as trainers will also be developed to lead FANC/MIP training.

**Activity Lead: MOHSW: Assist. Director, RCHS & Program Manager, NMCP  
ACCESS: Gaudiosa Tibaijuka, Senior Midwifery Advisor**

**Activity Location(s): National**

<b>Specific Tasks</b>	<b>Participating Institutions</b>	<b>Completion Date</b>
<b>Task 1:</b> Share and incorporate feedback on the revised ANC FANC Training Package, Quality Improvement Process, Facilitator's Guide	NMCP,RCHS, NACP,ACCESS	20 <sup>th</sup> to 25 <sup>th</sup> Nov 2006
<b>Task 2:</b> Finalize FANC/MIP facilitator's guide and revised FANC Orientation Package. Print documents	NMCP,RCHS, NACP,ACCESS, ZTC	24 Dec 2006
<b>Task 3:</b> Development of FANC/MIP Advocacy Package and printing	NMCP,RCHS, NACP,ACCESS, ZTC	2 <sup>nd</sup> Week Feb 2007
<b>Task 4:</b> Coordination meeting with Zonal Training Centers (CEDHA, PHCI, Kigoma) and HRDD on FANC training	RCHS, HRDD, NMCP, ZTC	1st week Dec 2006
<b>Task 5:</b> Meet with CSSC team (national and zonal levels) to advocate for strengthening ANC to address MIP, IPT, ITNs and to identify Zonal CSSC trainers	NMCP,RCHS, NACP,ACCESS, ZTC, HSIU	Dec 2006
<b>Task 6:</b> Quarterly ACCESS/MOHSW Programme progress review meetings with IPT scale-up partners: NMCP, RCHS, HSIU, HMIS, ZTCs, CSSC, and districts representatives	NMCP,RCHS, NACP, ACCESS, ZTC, HSIU	Nov, Feb, May, Aug
<b>Task 7:</b> FANC Update for all Zonal, Regional and District RCH Coordinators and the estimated 300 MOHSW FANC/MIP trainers on the revised FANC Orientation package and FANC facilitators' guide.	NMCP, RCHS, NACP, ACCESS, ZTC,	On going activity

**ACTIVITY 2: COMPREHENSIVE COVERAGE OF ANC PROVIDERS WITH FANC/MIP BY REGION**

While building capacity at the national level, ACCESS will simultaneously work with the MOHSW to implement more comprehensive training in selected regions. Over the next three years, following the geographic divisions of the country, ACCESS and MOHSW will move from zone to zone, covering all regions within the zone and all districts within each region. In Year 2006/7, the intervention areas will be six regions which will supplement the four comprehensively covered in Year 2005/6. Continued funding in Years 2007/8 and 2008/9 will address the remaining eight regions.

In each region, after initial advocacy meetings to introduce key stakeholders such as Regional and District Medical and Nursing Officers and hospital management teams to the FANC training materials, MOHSW and ACCESS will support the implementation of the cascading approach to FANC training by updating two trainers from an average of two hospitals per district and supporting the training for at least 50 peripheral level providers in each district (targeting all hospitals, all health centers and selected dispensaries in a district). ACCESS will support organization of the advocacy meetings with RCHS and NMCP staff. Following the Regional TOTs, the FANC trainers will be supported as they conduct FANC trainings at their hospitals for the hospital ANC staff as well as ANC providers from health centers and dispensaries within the district. Each hospital will hold training for at least 25 providers from approximately 15 more peripheral facilities. In addition, the facilities from Year 2005/6 (the 4 regions) will be supported to hold additional trainings for another 25 providers from health centers and dispensaries within the district. In this way, MOHSW and ACCESS will ensure widespread coverage of FANC training down to the most peripheral facilities complementing CHMTs’ efforts.

Additionally, in an effort to avoid duplication of training and in order to strengthen local capacity, ACCESS will work with trainers from two Zonal Training Centers – Arusha and Iringa. ACCESS will give these trainers updates on FANC content and the use of FANC training and quality improvement tools; then, ZTCs will work on their own to train providers at the facility level.

**Activity Lead: MOHSW: Assist. Director, RCHS & Program Manager, NMCP  
ACCESS: Gaudiosa Tibajuka, Senior Midwifery Advisor**

**Activity Location(s):**

- **Year 2005/6 regions: Morogoro, Kagera, Pwani, Dar es Salaam, and Arusha;**
- **Year 2006/7 regions: Kilimanjaro, Tanga, Shinyanga, Ruvuma, Mwanza, Kigoma, and Iringa**

Specific Tasks	Participating Institutions	Completion Date
<b>Task 1:</b> Support for hospital-based FANC training for ANC providers from Year 2006/7 facilities (health centers and dispensaries- 6 regions). Train an additional 25 providers from 15 facilities in each district of the 4 regions of Year 2005/6	<b>RCHS, NMCP, ACCESS, R &amp;D –RCH Co</b>	<b>Ongoing</b>

<b>Task 2:</b> Develop Zonal and Regional RCH Coordinators and CSSC Coordinators for selected regions as Supervisors for ANC quality improvement, (FANC/MIP clinical, teaching, supervision skills as appropriate)	<b>RCHS, NMCP, ACCESS, R &amp;D –RCH Co</b>	<b>March, May, July 2007</b>
<b>Task 3:</b> Advocacy meetings in each region with Regional Medical Officer, District Medical Officers, Regional Nursing Officers, District Nursing Officers, Hospital Medical Officer-in-Charge, Matrons, District Malaria and IMCI focal persons, district planning officers, pharmacists, zonal MSD Coordinators and other stakeholders on FANC/MIP	<b>RCHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>
<b>Task 4:</b> Regional TOTs in FANC for facility-based midwife trainers	<b>RCHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>
<b>Task 5:</b> Follow-up activities of FANC/MIP trainers to document their performance and coverage in training after receiving teaching skills guided by their individual action plans	<b>Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>

### **ACTIVITY 3: SUPPORTIVE FOLLOW-UP OF PROVIDERS OFFERING FANC/MIP SERVICES USING AN ANC QUALITY IMPROVEMENT APPROACH**

Since 2004, ACCESS has been working with the MOHSW to implement a monitoring and performance improvement methodology that emphasizes the use of standards in assuring quality care. In Year 2004/5, ACCESS and the MOHSW worked with key stakeholders to set FANC/MIP standards and develop appropriate assessment tools. In Year 2006/7, these tools will be revised to integrate updates on technical material and feedback from two years of utilization.

All FANC/MIP providers are introduced to the tool during training, but in order to better develop their capacity for carrying out assessments, ACCESS and MOHSW has supported the development of a separate four-day training where trainers are coached in the standards-based ANC quality improvement process as they conduct baseline assessments. Developing their capacity in this way ensures that they will continue to conduct self assessments for their own facilities and external assessments for others on a quarterly basis. ACCESS in consultations with RHMT and CHMT will select and strengthen model practicum sites three per region in 15 regions which will be used by FANC trainees. These should be facilities that already have some elements of quality ANC services and ACCESS will only strengthened them by adding basic equipment such as BP machines. As facilities conduct the quality improvement assessments, typically, they are quickly able to identify gaps. Providers are encouraged to focus on action and begin with simple interventions to address these gaps, achieve early results, and create momentum for change. However, once the simple gaps are addressed and remedied there frequently remain some that are more complicated. In order to tackle some of these complicated issues, facilities will be brought together to discuss their common problems and share solutions. Joining the discussions will be CHMT, RHMT representatives and other decision-makers who can offer assistance on larger

systemic issues. These “lessons learned” sharing meetings are critical for collaboratively finding resolutions and keeping motivation for the quality improvement process high.

Data from the quality improvement assessments will be key in monitoring the FANC scale-up project and evaluating its effectiveness. Regional RCH Coordinators will take on the role of compiling assessment results and bringing it to annual meetings at the Zonal level, from which it can be gathered for national level results. All assessment results and service statistics will be contained within the MOHSW and ACCESS database systems.

Furthermore, examination of health facility registries and discussions with ANC providers have shown that stock outs of commodities such as SP, TT, iron and folate, and syphilis test kits continue to act as barriers to quality antenatal care. Recent GIS mapping of CSSC facilities also demonstrates that IPT is not available in the CSSC facilities. In order to better understand the issues surrounding stock outs, ACCESS will draw information from ANC quality improvement assessments conducted in 2004/5 and 2005/6 facilities. Analyzing the gaps, ACCESS will collect further information as needed and prepare a report discussing the weakest links of the logistics chain. This report will be presented to stakeholders including DMOs, RMOs, and representatives from the Medical Stores Division, Hospital In-charges and FBOs, to evaluate the results and develop solutions.

**Activity Lead: MOHSW: Assist. Director, RCHS & Program Manager, NMCP  
ACCESS: Gaudiosa Tibaijuka, Senior Midwifery Advisor  
& Data Collection and Evaluation Specialist, TBD**

**Activity Location(s):**

- **Year 2005/6 regions: Morogoro, Kagera, Pwani, and Dar es Salaam**
- **Year 2006/7 regions: Tanga, Ruvuma, and Mwanza**

<b>Specific Tasks</b>	<b>Participating Institutions</b>	<b>Completion Date</b>
<b>Task 1:</b> Conduct 4-day ANC quality improvement trainings for FANC/MIP trainers, in-charges and providers at health centers and dispensaries in all the targeted regions.	<b>RCHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>
<b>Task 2:</b> Support baseline quality improvement assessments by FANC/MIP trainers in their own facilities	<b>ACCESS, RCHS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>
<b>Task 3:</b> Support Zonal, Regional and District RCH Coordinators to facilitate ANC quality improvement assessments at the targeted facilities	<b>ACCESS, RCHS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>
<b>Task 4:</b> Collect facility assessment results and service statistics on a quarterly basis (Year 2004/5 – 2006/7 facilities) in collaboration with CHMTs	<b>RCHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>

<b>Task 5:</b> Compile ANC quality improvement assessment results and service statistics in database	<b>RGHS, NMCP, ACCESS,</b>	<b>Dec 2006, Mar, June, Sept. 2007</b>
<b>Task 6:</b> Participate and support regional quality improvement sharing meetings among FANC/MIP implementing facilities twice a year	<b>RGHS, NMCP, Z, R &amp;D –RCH Co</b>	<b>Feb , Aug 2007</b>
<b>Task 7:</b> Coordinate bi-annual Quality Improvement meetings with HSIU and HMIS units in collaboration with other CAs	<b>ACCESS, HSIU</b>	<b>March, Sept 2007</b>
<b>Task 8:</b> Analyze and prepare report of ANC quality improvement assessment results from Years 2004/5, 2005/6 and 2006/7 facilities to determine the extent of stock outs and origins of problem	<b>RGHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Dec 2006, Mar, June, Sept 2007</b>
<b>Task 9:</b> Organize stakeholders meeting to discuss ANC quality improvement assessment results and way forward	<b>RGHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Mar and Aug 2007</b>
<b>Task 10:</b> Facilitate communication between District Medical Officers and FBO facility in-charges through meetings	<b>RGHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Ongoing</b>
<b>Task 11:</b> Select and strengthen model practicum sites three per region in 15 regions	<b>RGHS, NMCP, ACCESS, Z, R &amp;D –RCH Co</b>	<b>Dec 2006 to March 2007</b>

#### **ACTIVITY 4: INCREASING QUALITY AND CAPACITY FOR PRE-SERVICE CERTIFICATE, DIPLOMA AND HIGHER LEVEL NURSING AND MIDWIFERY PROGRAMS RELATED TO FANC/MIP**

ACCESS began working on this activity in Year 2004/5 following the request of the MOHSW as part of their overarching goals of strengthening pre-service education (PSE). ACCESS began addressing the issue by introducing FANC into 21 certificate-level nurse-midwifery schools. In 2005/6, ACCESS expanded into 15 of the 30 diploma and higher-level nurse-midwifery schools. ACCESS will complete coverage of all pre-service institutions with FANC/MIP in 2006/7 by addressing the remaining 15 schools. Following the same successful strategy used previously, ACCESS will target both institution-based tutors and facility-based clinical preceptors with technical knowledge in FANC/MIP as well as PSE teaching skills. ACCESS will also introduce both cadres to the ANC quality improvement process including the assessment tools for FANC, which will form the basis of their follow-up and support in performance improvement.

A new initiative for the pre-service sector will be the expansion of our quality improvement tools to improve teaching skills. Responding to a demand for standardization and quality improvement in teaching following a recent advocacy meeting with Principals and Hospital In-charges from clinical practicum sites, ACCESS in partnership with MOHSW/HRDD will work with a core

committee of midwifery educators to develop standards for teaching. Following pre-testing, these standards will be incorporated into the current set of assessment tools for FANC/MIP.

**Activity Lead: MOHSW/HRDD: Assistant Director – Training Unit**  
**ACCESS: Lucy Ikamba, Pre-service Education Advisor**

**Activity Location(s): 15 remaining Diploma and higher-level Nursing-Midwifery schools (scattered throughout the country)**

<b>Specific Tasks</b>	<b>Participating Institutions</b>	<b>Completion Date</b>
<b>Task 1:</b> Finalization and printing of the Pre-service Resource Learning Package	<b>HRDD, ACCESS,</b>	<b>Feb 2007</b>
<b>Task 2:</b> Adaptation of quality improvement tool for use in improving pre-service teaching	<b>HRDD, ACCESS,</b>	<b>Feb 2007</b>
<b>Task 3:</b> PSE Advocacy workshop for 15 Diploma and higher-level schools	<b>HRDD, ACCESS, Midwifery Schools and Hospitals (practicum sites)</b>	<b>Jan 2007</b>
<b>Task 4:</b> Training of 30 midwifery tutors on FANC/MIP clinical skills	<b>HRDD, ACCESS,</b>	<b>Feb 2007</b>
<b>Task 5:</b> Orientation of midwifery tutors along with Zonal Training Centers and national representatives on use of ANC quality improvement tool for pre-service education	<b>HRDD, ACCESS, Midwifery Schools, ZTCs</b>	<b>Feb 2007</b>
<b>Task 6:</b> Training 60 midwifery tutors in Pre-service Education Training Skills (PETS)	<b>HRDD, ACCESS,</b>	<b>April, May 2007</b>
<b>Task 7:</b> Participate in the finalization of the RCH preceptorship training curriculum	<b>RCHS, ZTCs, ACCESS</b>	
<b>Task 8:</b> FANC orientation and modified Clinical Training Skills (CTS) for clinical preceptors	<b>HRDD, ACCESS,</b>	<b>May 2007</b>
<b>Task 9:</b> ANC quality improvement trainings for tutors and preceptors.	<b>HRDD, ACCESS,</b>	<b>June 2007</b>
<b>Task 10:</b> Follow-up support for both certificate and diploma nurse-midwifery schools	<b>HRDD, ACCESS,</b>	<b>Feb to Sept. 2007 Ongoing</b>

**ACTIVITY 5: IMPROVE ENABLING ENVIRONMENT FOR SAFE MOTHERHOOD ISSUES SUCH AS MALARIA IN PREGNANCY**

As a global leader in maternal and newborn health, ACCESS desires to improve the enabling environment for safe motherhood interventions worldwide. Specifically, in Tanzania, ACCESS in partnership with other WRA members plans to continue advocating for such issues by participating in high-level policy meetings on safe motherhood. In addition, the White Ribbon Alliance is emerging as an influential force in Tanzania for bringing attention to Safe Motherhood issues. ACCESS will continue supporting the WRA operationally as well as programmatically. WRA plans for Year 2006/7 include targeting policymakers at the district level with an advocacy package designed to encourage allocation of greater human resources for maternal and neonatal health. The WRA of Tanzania also met great success in Year 2005/6 with the National White Ribbon Day. A second high-profile event is planned for Year 2006/7 with the prevention and control of malaria in pregnancy as the overarching theme. Simultaneously, ACCESS will work with FBO networks to sensitize religious leaders to the pressing health needs of women. The objective is for religious leaders to pass on such messages to their congregations. In this way, ACCESS will be helping to create demand among the community to access the services that are being improved.

**Activity Lead: MOHSW:**

**WRATZ: Rose Mlay, WRATZ Coordinator**

**IMA: FBO Coordinator, TBD**

**Activity Location(s): National**

<b>Specific Tasks</b>	<b>Participating Institutions</b>	<b>Completion Date</b>
<b>Task 1:</b> Support operational costs for WRA of Tanzania	<b>ACCESS, WRATZ</b>	<b>Ongoing</b>
<b>Task 2:</b> Support for WRA Annual member meeting, Working Group meetings, and Core committee meetings	<b>WRATZ Coordinator, Core Committee members</b>	<b>September Dec, Mar, June and September 2007</b>
<b>Task 3:</b> Implementation of advocacy package for increasing human resources for health in four districts (Babati, Sumbawanga, Monduli and Geita) which had least human resources during the 2005/6 manning levels assessment	<b>ACCESS, WRATZ Coordinator, Core Committee members and District Focal persons</b>	<b>Ongoing from Jan to Aug 2007</b>
<b>Task 4:</b> Organization of National White Ribbon Day to be held in Morogoro region with focus on prevention and control of Malaria in Pregnancy	<b>ACCESS, WRATZ - Coordinator, Core Committee members &amp; Morogoro Focal persons</b>	<b>March 2007</b>

<b>Specific Tasks</b>	<b>Participating Institutions</b>	<b>Completion Date</b>
<b>Task 5:</b> Participation of WRA-TZ Coordinator and key ACCESS staff in national and regional level policy meetings related to safe motherhood, especially malaria in pregnancy	<b>ACCESS, WRATZ Coordinator,</b>	<b>TBD</b>
<b>Task 6:</b> Organize advocacy meetings with religious leaders on importance of managing malaria in pregnancy and other safe motherhood issues in Morogoro District council, Mvomero,, Babati, Sumbawanga, Monduli and Geita)	<b>ACCESS, WRATZ</b>	<b>Ongoing form Jan to Aug 2007</b>

Finally, scaling up FANC training nationwide is a multi-year process that ACCESS expects to complete by the end of Year 2008/2009. The table below is illustrative of the expected timing of FANC in-service training activities in order to achieve this goal.

### Expected Timing of FANC In-Service Training Activities

Zone	Region/# of Districts	Regional Training of FANC Trainers (Hospital-based ANC providers and D RCH Coordinators)	Facility-based training for Health Centers and Dispensaries	Quality Improvement Training and Assessments	Quality Improvement Sharing Meetings
Eastern	Dar es Salaam (3)	PY 2 (Complete)	PY 3	PY 3	PY 3
	Pwani (5)	PY 2 (Complete)	PY 2 (Complete) & PY 3	PY 2 (Complete)	PY 3
	Morogoro (6)	PY 2 (Complete)	PY 2 (Complete) & PY 3	PY 2 (Complete)	PY 3
Lake	Kagera (6)	PY 2 (Complete)	PY 2 (Complete) & PY 3	PY 2 (Complete)	PY 3
	Mwanza (8)	PY 3	PY 3 & PY 4	PY 3	PY 4
	Mara (5)	PY 4	PY 4 & PY 5	PY 5	PY 5
	Shinyanga (8)	PY 4	PY 4	PY 4	PY 4
Northern	Tanga (7)	PY 3	PY 3 & PY 4	PY 3	PY 4
	Arusha (5)	Completed	N/A	N/A	N/A
	Kilimanjaro (6)	PY 3	PY 3 & PY 4	PY 4	PY 4
Western	Kigoma (4)	PY 3	PY 4	PY 4	PY 4
	Tabora (6)	PY 4	PY 5	PY 5	PY 5
Southern Highlands	Iringa (7)	PY 3	N/A	N/A	N/A
	Ruvuma (5)	PY 3	PY 3	PY 3	PY 4
Central	Dodoma (5)	PY 4	PY 4 & PY 5	PY 4 & PY 5	PY 5
	Singida (4)	PY 5	PY 5	PY 5	PY 5
	Manyara (5)	PY 5	PY 5	PY 5	PY 5
Southern West	Rukwa (4)	PY 5	PY 5	PY 5	PY 5
	Mbeya (8)	PY 5	PY 5	PY 5	PY 5
Southern	Lindi (6)	PY 4	PY 4	PY 4	PY 5
	Mtwara (5)	PY 4	PY 4	PY 4	PY 5
Zanzibar	Zanzibar (6)	PY 4	PY 4 & PY 5	PY 4	PY 5

PY 2: Time period is from October 2005 – September 2006; Funding was combined CS, HIV, ID, & Malaria (\$1,650,000)

PY 3: Time period is from October 2006 – September 2007; Funding is combined CS (\$1,512,000) & early PMI (\$1,000,000)

PY 4: Time period is from October 2007 – September 2008; Funding is combined CS (\$1,523,000) & PMI (\$800,000)

PY 5: Time period is from October 2008 – September 2009; Funding is to be determined

In Arusha and Iringa regions, Zonal Training Centers will be updated in FANC by ACCESS and will then cascade training and implement the quality improvement process.

## **PART IV: CHILD SURVIVAL and PMI M&E PLAN**

### **ACCESS/Tanzania Monitoring and Evaluation Framework for Child Survival and Malaria Activities**

The tables below show the illustrative indicators that ACCESS intends to track in order to monitor progress of the program and measure success. ACCESS will utilize a variety of methods to capture this information:

1. **TIMS database** – TIMS, or Training Information Monitoring System, is the JHPIEGO-built training database which the Tanzania program has been using since inception in 2004. Following all training activities, forms are collected from participants identifying them, the type of services they provide and their location. With this database, ACCESS is able to report on the numbers of providers trained in FANC or other areas. This information can be disaggregated by type of provider (i.e., RCH Coordinator, hospital, health center or dispensary-based provider, midwifery tutor, or clinical preceptor), as well as by district or by type of facility (FBO, public, private, etc.). The database will be updated following all training events and reports are regularly run on a semi-annual basis, or anytime a need arises.
2. **Quality Improvement database** – As part of the ANC Quality Assurance process, providers are trained on developing QI teams for conducting facility assessments. Facilities will be supported by ACCESS to conduct first-time baseline assessments, after which copies of the completed forms are collected and entered into this database. Baseline scores of facilities in Tanzania on their first assessment have typically been in the range of 35-45% of standards achieved. Past experience both in Tanzania and in other countries has shown that facilities are often able to achieve and sustain 80% of standards within 2 -3 follow up assessments. ACCESS will be collecting assessment sheets from midwifery schools and all facilities, including clinical practicum sites, on a quarterly basis with a focus on hospitals.
3. **Service statistic database** – In the Quality Assurance process, ACCESS will also be collecting service statistics from targeted facilities by using a service statistic tally sheet. This sheet contains indicators that are part of Tanzania's HMIS and compiles the information into one database, allowing the program to look at the quality assurance process in relation to client outcomes such as attendance, IPT uptake, syphilis screening, and other key outcomes. It also allows providers to track these client-level outcomes and to encourage using data for decision-making in the health facilities. As the tally sheet is tied to the Quality Assurance process, data collection is on a quarterly basis. Service statistics being collected include IPT uptake, TT vaccination, syphilis testing, and number of days that SP was out of stock in the ANC clinic, etc. All information will be recorded in a database which will be shared with RCHS and NMCP.
4. **Tracking of Preservice Graduates** – As ACCESS enters a third year of working with pre-service nurse/midwifery institutions, students who were exposed to the updated FANC module and studied under tutors and clinical preceptors updated in FANC are beginning to graduate. To get a clearer idea of where these graduates of the improved preservice program are being deployed, ACCESS will track and follow a subset of these graduates. Because it is anticipated that many of the graduates will be deployed to facilities which are part of the quality improvement process, further analysis is planned to tie in the improved pre-service graduates and their performance in the ACCESS-supported sites.

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<b>ACCESS Program Objective: Increased utilization of focused ANC services nationally, to meet the PMI and the MOHSW/MTSP Goals of 85% uptake of IPT by 2009.</b>				
<ul style="list-style-type: none"> <li>Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 1<sup>st</sup> dose of intermittent preventative treatment (IPT1) under direct observation</li> </ul>	<ul style="list-style-type: none"> <li>Calculation: Number of pregnant women who receive IPT1 under observation/Number of 1<sup>st</sup> ANC visits</li> <li>Receipt of IPT with SP will be determined from facility records.</li> </ul>	HMIS; tally sheet	Quarterly	Program country staff with ACCESS M&E review
<ul style="list-style-type: none"> <li>Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 2nd dose of intermittent preventative treatment (IPT2) under direct observation</li> </ul>	<ul style="list-style-type: none"> <li>Calculation: Number of pregnant women who receive IPT2 under direct observation/Number of 1<sup>st</sup> ANC visits</li> <li>Receipt of IPT with SP will be determined from facility records.</li> </ul>	HMIS; tally sheet	Quarterly	Program country staff with ACCESS M&E review

<b>Indicator</b>	<b>Definition/Calculation</b>	<b>Data source/ Collection Method</b>	<b>Frequency of data collection</b>	<b>Responsible party</b>
<ul style="list-style-type: none"> <li>Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received two tetanus toxoid injections during their current/most recent pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Calculation using HMIS data: Number of ANC clients that received 2 TT shots / number of 1<sup>st</sup> ANC clients</li> </ul>	HMIS; tally sheet	Quarterly	Program country staff with ACCESS M&E review
<ul style="list-style-type: none"> <li>Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received iron/folate supplementation during their current/most recent pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Calculation using HMIS data: Number of ANC clients that received iron/folate supplementation / number of all ANC clients</li> </ul>	HMIS; tally sheet	Quarterly	Program country staff with ACCESS M&E review
<ul style="list-style-type: none"> <li>Percent of 1<sup>st</sup> visit ANC clients who received an ITN voucher</li> </ul>	<ul style="list-style-type: none"> <li>Number of 1<sup>st</sup> visit ANC clients given voucher / Total number of 1<sup>st</sup> visit ANC clients</li> </ul>	HMIS; tally sheet Records kept by Tanzania National Voucher Scheme	Quarterly	Program country staff with ACCESS M&E review
<b>ACCESS Program Result: Nationally, the majority of in-service providers offering maternal and child health services have the capacity to provide prevention and referral for care of malaria during pregnancy using the platform of FANC.</b>				

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<ul style="list-style-type: none"> <li>Number of ANC providers who have been trained in the past year in focused ANC through ACCESS-supported in-service training events</li> </ul>	<ul style="list-style-type: none"> <li>Providers may include midwives, nurses and are defined according to Tanzanian categories of instructors and care providers.</li> <li>ACCESS-supported training events include ACCESS technical assistance, training materials, and approved staff.</li> <li>Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.</li> <li>Data will be disaggregated by affiliation of trainees (e.g., public, FBO, private).</li> </ul>	<p>Program records including training database and/or other training records</p>	<p>Semi-annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>
<ul style="list-style-type: none"> <li>Percent/number of districts with at least 4 qualified FANC trainers</li> </ul>	<ul style="list-style-type: none"> <li>Number of districts with at least 4 qualified FANC trainers / Total number of districts</li> <li>Qualified FANC trainers are those who complete the FANC training event satisfactorily according to the criteria established for the course.</li> <li>There are currently 128 districts in Tanzania mainland.</li> </ul>	<p>Program records including training database and/or other training records</p>	<p>Semi-annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<ul style="list-style-type: none"> <li>• <b>Number of hospitals with at least 2 providers trained in focused ANC through ACCESS-supported training events;</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>The number will be calculated as a semi-annual count of SDPs that have sent at least two people to an ACCESS-supported FANC course and who satisfactorily completed that training as recorded in program records.</b></li> <li>• <b>Providers, such as nurse-midwives, are defined according to local (Tanzania) categories of care providers.</b></li> <li>• <b>Trained providers are those who complete a focused ANC training event satisfactorily according to the criteria established for the course.</b></li> <li>• <b>Data will be disaggregated by affiliation of service delivery points (SDPs) (e.g., public, FBO, private).</b></li> </ul>			

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<ul style="list-style-type: none"> <li>• <b>Number of health centers and dispensaries offering maternal and child health services with at least 1 provider trained in focused ANC through ACCESS-supported training events;</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>The number will be calculated as a semi-annual count of SDPs that have sent at least one person to an ACCESS-supported FANC course and who satisfactorily completed that training as recorded in program records.</b></li> <li>• <b>Providers, such as nurse-midwives, are defined according to local (Tanzania) categories of care providers.</b></li> <li>• <b>Trained providers are those who complete a focused ANC training event satisfactorily according to the criteria established for the course.</b></li> <li>• <b>Data will be disaggregated by affiliation of service delivery points (SDPs) (e.g., public, FBO, private).</b></li> </ul>	<p><b>Program records including training database and/or other training records</b></p>	<p><b>Semi-annual</b></p>	<p><b>Program country staff with ACCESS M&amp;E review</b></p>
<p><b>ACCESS Program Result: A continuous quality improvement process for ANC is implemented in all regional and district hospitals offering FANC</b></p>				
<ul style="list-style-type: none"> <li>• <b>Percent/number of ACCESS-targeted facilities implementing ANC Quality Improvement initiatives which have achieved at least 80% of standards in ANC care.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ACCESS-targeted facilities are those identified service delivery points (such as regional and district hospitals) where program activities and alliances aim to enhance quality of care through ANC quality improvement approaches. Data will be disaggregated by affiliation of SDPs (e.g., public, FBO, private).</b></li> </ul>	<p><b>Program ANC Quality Improvement assessment tools; Records review</b></p>	<p><b>Annual</b></p>	<p><b>Program country staff with ACCESS M&amp;E review</b></p>

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<b>ACCESS Program Result: All graduates of pre-service midwifery education programs from 2007 onwards are ready to practice FANC according to national standards</b>				
<ul style="list-style-type: none"> <li>• Number of tutors and clinical preceptors who have been trained in the past year in focused ANC through ACCESS-supported training events</li> </ul>	<ul style="list-style-type: none"> <li>• Tutors and practicum site preceptors are defined according to local (Tanzania) categories of instructors and care providers.</li> <li>• ACCESS-supported training events include ACCESS technical assistance, training materials, and approved staff.</li> <li>• Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.</li> </ul>	Training database and/or other training records	Semi-annual	Program country staff with ACCESS M&E review
<ul style="list-style-type: none"> <li>• Number of tutors and clinical preceptors who have been trained in the past year in clinical training and coaching skills through ACCESS-supported training events</li> </ul>	<ul style="list-style-type: none"> <li>• Tutors and practicum site preceptors are defined according to local (Tanzania) categories of instructors and care providers.</li> <li>• ACCESS-supported training events include ACCESS technical assistance, training materials, and approved staff.</li> <li>• Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.</li> </ul>	Training database and/or other training records	Semi-annual	Program country staff with ACCESS M&E review
<b>ACCESS Program Result: Improved enabling environment to address Safe Motherhood issues.</b>				

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<ul style="list-style-type: none"> <li>Percent/number of selected ACCESS supported regional and district hospitals reporting a stock out of SP in the ANC clinic in the last 6 months</li> </ul>	<ul style="list-style-type: none"> <li>Number of regional/district hospitals reporting a stock out of SP in the last 6 months/ Total number of regional/district hospitals supported by ACCESS training events.</li> <li>ACCESS-supported training events include ACCESS technical assistance, training materials, and approved staff.</li> </ul>	Program ANC quality improvement assessments; tally sheets	Quarterly	Program country staff with ACCESS M&E review
<ul style="list-style-type: none"> <li>Percent of selected dispensaries in Sumbawanga, Monduli, and Geita districts which have increased the number skilled providers for maternal health in the last 1 year period</li> </ul>	<ul style="list-style-type: none"> <li>Skilled providers include all cadres with a basic level of formalized health education, including doctors, nurse-midwives, nurses, midwives, clinical officers, matrons, MCHAs, etc.</li> </ul>	District Health Plans	Annual	Program country staff (WRATZ) with ACCESS M&E review

<b>TOTAL COST SUMMARY</b>						
<b>PROJECT:</b>	<b>TANZANIA ACCESS - CS- PMI</b>	<b>PROJECT ACCOUNT NUMBER:</b>				
		<b>Oct- Dec06</b>	<b>Jan- Mar07</b>	<b>Apr-Jun07</b>	<b>Jul-Sep07</b>	<b>TOTAL</b>
<b>TOTAL COSTS BY CATEGORY</b>						
- Salaries		-	-	8,608	10,155	18,763
- Salaries - Local Hires only		-	-	39,937	39,937	79,875
- Expat Benefits		-	-	-	-	-
- Fringe Benefits		-	-	2,840	3,351	6,192
- Supplies		-	10,050	4,319	5,054	19,423
- Telecommunication		-	-	2,644	2,707	5,351
- Rental Equipment		-	-	-	-	-
- Room Rental		-	120	10,200	3,120	13,440
- Leased Facilities - External		-	-	-	24,000	24,000
- General Services		-	-	80	80	160
- Professional Services		-	-	1,200	1,200	2,400
- Temp Employment Services		-	-	-	-	-
- Printing		-	50	1,910	3,060	5,019
- Domestic Travel - (US only)		-	-	-	-	-

- Local Travel	-	-	70,200	54,395	124,595
- ForeignTravel	-	-	15,693	6,250	21,943
- Trainee Travel/Participant Costs	-	875	230,925	144,115	375,915
- Utilities	-	-	384	384	768
- Leasehold Improvements	-	-	-	-	-
- Insurance	-	-	1,080	1,080	2,160
- Bank Charges	-	-	180	180	360
- Foreign Currency Exchange	-	-	180	180	360
- Repairs and Maintenance	-	-	536	536	1,072
- Courier / Delivery Services	-	-	578	578	1,155
- Equipment	-	-	-	-	-
- Independent Contractor	-	-	-	-	-
- Publications/Subscriptions	-	-	40	40	80
- Staff Training and Development	-	-	270	270	540
- Miscellaneous Office Costs	-	-	90	90	180
- Subcontractors to \$25k	-	-	-	-	-
- The Futures Group International	-	-	-	-	-
- Save the Children	-	-	-	-	-
- AED	-	-	-	-	-
- ACNM	-	-	-	-	-
- IMA	-	-	-	-	-

- Other - WRA		-	-	-	-	-
- Meals - NonTravel		-	-	135	135	270
- In-Country Office Allocation						-
- Subtotal		-	11,095	392,029	300,897	704,020
- Service Center	19.9%	-	2,208	78,014	59,878	140,100
- Service Center - Partners	15%	-	-	-	-	-
-Total Direct Charges		-	13,303	470,042	360,775	844,120
- F&A	18.8%	-	2,501	88,368	63,314	154,183
<b>TOTAL PROJECT COSTS</b>		-	<b>15,804</b>	<b>558,410</b>	<b>424,089</b>	998,303

## TOTAL COST SUMMARY

PROJECT:	TANZANIA ACCESS - CHILD SURVIVAL		PROJECT ACCOUNT NUMBER:		
	Oct-Dec06	Jan-Mar07	Apr-Jun07	Jul-Sep07	TOTAL
<b>TOTAL COSTS BY CATEGORY</b>					
- Salaries	19,013	20,833	11,039	9,598	60,482
- Salaries - Local Hires only	62,374	99,843	59,906	59,906	282,029
- Expat Benefits	13,440	-	-	-	13,440
- Fringe Benefits	6,274	6,875	3,643	3,167	19,959
- Supplies	28,342	4,688	3,059	2,498	38,586
- Telecommunication	7,175	6,423	3,779	3,716	21,092
- Room Rental	-	6,000	5,520	3,600	15,120
- General Services	200	200	120	120	640
- Professional Services	3,000	3,000	1,800	1,800	9,600
- Printing	899	2,999	1,389	689	5,977
- Local Travel	2,600	27,010	20,040	12,870	62,520
- ForeignTravel	6,250	8,482	-	-	14,732
- Trainee Travel/Participant Costs	-	77,668	85,725	47,850	211,243
- Utilities	960	960	576	576	3,072

- Leasehold Improvements	-	5,400	-	-	5,400
- Insurance	2,700	2,700	1,620	1,620	8,640
- Bank Charges	450	450	270	270	1,440
- Foreign Currency Exchange	450	450	270	270	1,440
- Repairs and Maintenance	1,340	1,340	804	804	4,288
- Courier / Delivery Services	1,675	1,675	1,273	1,098	5,720
- Equipment	-	31,050	-	-	31,050
- Publications/Subscriptions	100	100	60	60	320
- Staff Training and Development	675	675	405	405	2,160
- Miscellaneous Office Costs	225	225	135	135	720
- Subcontractors to \$25k					
- The Futures Group International	37,500	37,500	37,500	37,500	150,000
- IMA	42,500	42,500	42,500	42,500	170,000
- Meals - NonTravel	338	338	203	203	1,080
- In-Country Office Allocation					-
- Subtotal	238,479	389,382	281,634	231,254	1,140,749
- Service Center	31,537	61,567	40,125	30,100	163,329
- Service Center - Partners	6,375	6,375	6,375	6,375	25,500
-Total Direct Charges	276,391	457,324	328,134	267,729	1,329,578
- F&A	36,921	64,084	46,649	35,293	182,948
<b>TOTAL PROJECT COSTS</b>	<b>313,312</b>	<b>521,408</b>	<b>374,784</b>	<b>303,022</b>	1,512,526

